IN THE SPECIFICATION:

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Please amend the paragraphs on page 4, lines 7 through 28 as follows:

The sealing interface of the present invention provides improvements in the delivery of CPAP therapy. In particular a patient interface is described which is reduces reduces the pressure of the mask on the users face and may be quieter for the user to wear and reduces the side leakage as compared with the prior art. It will be appreciated that the patient interface as described in the preferred embodiment of the present invention can be used in respiratory care generally or with a ventilator but will now be described below with reference to use in a humidified CPAP system. It will also be appreciated that the present invention can be applied to any form of patient interface including, but not limited to, nasal masks, oral masks and mouthpieces.

With reference to FIG. 1 a humidified Continuous Positive Airway Pressure (CPAP) system is shown in which a patient 1 is receiving humidified and pressurised gases through a patient interface 2 connected to a humidified gases transportation pathway or inspiratory conduit 3. It should be understood that delivery systems could also be VPAP (Variable Positive Airway Pressure) and BiPAP (Bi-level Positive Airway Pressure) or numerous other forms of respiratory therapy. Inspiratory conduit 3 is connected to the outlet 4 of a humidification chamber 5 which contains a volume of water 6. Inspiratory conduit 3 may contain heating means or heater wires (not shown) which heat the walls of the conduit to reduce condensation of humidified gases within the conduit. Humidification chamber 6 chamber 5 is preferably formed from a plastics material and may have a highly heat conductive base (for example an aluminium base) which is in direct contact with a heater plate 7 of humidifier 8. Humidifier 8 is provided with control

means or electronic controller 9 which may comprise a microprocessor based controller executing computer software commands stored in associated memory.

Please amend the paragraphs on page 6, lines 11 through 29 as follows:

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In the preferred embodiment shown in FIGS. 4 to 6 the bottom 1115 of the inner cushion 1110 fits into a generally triangular cavity 1154 in the hollow body 1102. The cavity 1154 is formed from a flange 1156 running mid-way around the interior of the hollow body.

The outer sheath 1112 fits in place over the <u>top 1117 of the</u> cushion 1110, holding it in place. The sheath 1112 is secured by a snap-fit to the periphery 1114 of the hollow body. In FIGS. 5 to 6 the periphery 1114 is shown including an outer bead 1158. The sheath 1112 includes a matching bead 1159, hereby once stretched around the periphery; the two beads engage to hold the sheath in place.

A second preferred embodiment to the mask cushion is depicted in FIGS. 9 and 10. In the second embodiment the inner foam cushion 2000 includes a raised bridge 2002 in the nasal bridge region. The raised bridge 2002 can also be described as a cut out section 2015 made in the cushion along the cushion's bottom edge 2013. Also, the notch in the contacting portion (between the inner foam cushion and outer sheath) is less pronounced than proceeding embodiments. However, as the raised bridge 2002 is unsupported due to the cut out section 2015 under the bridge 2013 it is much more flexible and results in less pressure on the nasal bridge of the user. The outer sheath 2004 contacts the foam cushion 2000 throughout the raised bridge 2002. The peaks 2005, 2007, 2009, 2011 in the foam cushion 2000 between each of the indented

sections 2006, 2008 and the raised bridge 2002 contact the outer sheath 2004 and when in use the sheath 2004 contacts the facial contours of the user in the regions of these peaks.

Please amend the paragraphs on page 7, lines 12 through 24 as follows:

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FIG. 14 illustrates a fifth preferred embodiment of the foam cushion 2030. In the nasal bridge region 2032 the foam cushion includes a lower bridge 2034 and upper bridge 2036. Due to the gap the upper bridge is unsupported to reduce pressure on the user's nasal bridge, but the lower rim 2034 edge 2035 of the foam cushion 2030 is continuous, which aids installation.

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In yet other forms of the sealing interface of the present invention the inner foam cushion may be provided with other contours on the front side of the foam cushion or cut outs on the back side of the foam cushion, so that in the areas where there are regions cut out of the back side of the cushion the cushion is more flexible. In particular, cut outs in the nasal bridge, cheek and upper lip regions provide the user with a mask cushion that is more flexible and thus more comfortable. FIG. 15 shows an embodiment of an inner foam cushion 2024 that has a curved cut out or dead space 2044 in the cheek region. FIGS. 16 and 17 show embodiments of an inner foam cushion 2000 that has a cut out or dead space 2046 in the area where the user's upper lip rests in the foam. These cut out regions in the cheek or upper lip regions are preferably on the side of the inner cushion that attaches to the nasal mask or hollow body 102, 1102.